Application Number

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FISH & RICHARDSON P.C.

Substitute Form PTO/98/30 (5-03)

10/656,446

Request	Application	on Numbe	r	10/656,446
For	Filing Date			September 5, 2003
Continued Examination (RCE)	First Named Inventor		tor	Steven K. Coulthard
Transmittal	Group Ar	t Unit		1731
Aail Stop RCE	Examiner Name			Dionne Walls Mayes
Commissioner for Patente P.O. Box 1450	Attorney Docket Number			16217-002001
Alexandria, VA 22313-1450		*		
This is a Request for Continued Examination (RCE) under 37 C Request for Continued Examination (RCE) practice under 37 CFR 1.114 do 1995, or to any design application. See Instruction Sheet for RCEs (not to b	as natabbly t	o any libbiy (or blant abblic	SINDU LINEO DUOLED PRUA E'
Submission required under 37 C.F.R. §1.114 Note: If amendments enclosed with the RCE will be entered in the ordinated applicant does not wish to have any previously filed unentered amendment(\$) a. Previously submitted. If a final Office action is outstar considered as a submission even if this box is not character.	der in which d amendme nding, any a	they were t nt(s) enten	filed unless : ed, applicant	applicant instructs otherwise. If must request non-entry of such
i. Consider the arguments in the Appeal Brief or Reply Brief previously filled on				
ii. 🔲 Opther				
b. 🗀 Enclosed				
I. Amendment/Reply	111.		information	Disclosure Statement (IDS)
ii. Affidavit(s)/Declaration(s)	M.		Other	
2. Miscellaneous a. Suspension of action on the above-identified application period of months. (Period of suspension shall reference to the following period of the period of suspension shall reference to the suspension s	not exceed () monins; r	-es under 3 <i>1</i>	C.F.R. 91. 17(1) (Equiled)
 The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filled. a. ☑ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-1060 				
i. In RCE fee required under 37 CFR 1.17(e)				
II. I Extension of time fee (37 CFR 1,136 and 1.17)				
III. 🗵 Other <u>Anv deficiencies</u>				
b. Check in the amount of \$enclosed				
c. Payment by credit card (Form PTO-2038 enclosed)				
SIGNATURE OF APPLICANT, A	TTORNEY	OR AGEN	T REQUIRE	D
Name (Print/Type) Brenda Leeds Binder			Itomey/Ager	
Signature Sles L	Dete	<u> </u>	<u>y 11/0</u>	26
CERTIFICATE OF MAILING OR TRANSMISSION				
I hereby certify that this correspondence is being deposited with the addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box U.S. Patent and Trademark Office on the date shown below.	e United St : 1450, Alex	ates Postal andria, VA	Service as 22313-1450 	first class mail in an envelope or facsimile transmitted to the
Name (Print/Type) SAPAH & HOKE			_	

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Signature